

GARAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: _____
Broker: _____ Location: _____
Location: _____
Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

NATURE OF BUSINESS

DEALER: Wholesale Retail Non-Franchised Franchised with _____

NON-DEALER: Repair Shop Gas Station Parking Facility Other _____

UNDERWRITING INFORMATION

DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	7. Repossess vehicles for others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	8. Engage in fuel conversion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	9. Engage in auto pawning?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	10. Sell vehicles with salvaged titles?	<input type="checkbox"/>	<input type="checkbox"/>
5. Install, service or repair airbags?	<input type="checkbox"/>	<input type="checkbox"/>	11. Allow customers in the work area?	<input type="checkbox"/>	<input type="checkbox"/>
6. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>	12. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES: _____

13. If you are an auto dealer, when relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? YES NO

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING OPERATIONS YOU ARE INVOLVED IN

Auto Alarm, Navigational Systems or Stereo Installation	_____	%
Auto Auction	_____	%
Auto Dealer <input type="checkbox"/> Antique/Classic <input type="checkbox"/> Consigned <input type="checkbox"/> New <input type="checkbox"/> Used	_____	%
Auto Dismantling, Salvage Yards or Sale of Used Parts	Receipts: _____	%
Auto Maintenance or Repair Including Bedliner or Windshield Installation/Repair	_____	%
Auto Painting with UL approved spray booth	_____	%
Auto Painting without UL approved spray booth	_____	%
Auto Parts (not installed) Store	Receipts: _____	%
Boat Dealer - Other Than Jet Skis	_____	%
Boat Repair - Other Than Jet Skis	_____	%
Body Shop	_____	%
Bus Dealer or Repair	_____	%
Butane, Propane or other Liquefied Gas Sales on Premises	_____	%
Car Wash - Full Service	_____	%
Contractors or Farm Equipment Dealer or Repair	_____	%
Convenience Store	Receipts: _____	%
Detailing	_____	%
Driveway Contractor or Wrecker Service	_____	%
Emergency or Public Livery Vehicle Dealer or Repair	_____	%
Frame or Unibody Straightening	_____	%
Gasoline Station - Full Service	_____	%
Heavy Truck Dealer or Repair (over 20,000 GVW)	_____	%
Impound Yards	_____	%
Kit Cars or Other Auto Manufacturing	_____	%
Mobile Auto Repair	_____	%
Mobile Home Dealer or Repair	_____	%
Motorcycle Dealer or Repair	_____	%
New Auto Dealers	_____	%
Non-Licensed Vehicle Repair or Sales (ATVs, Jet Skis, Scooters, Snowmobiles, etc.)	_____	%
Oil/Lube Service	_____	%
Parking Lots & Garages	_____	%
Recreational Vehicle (motorhome) Dealer - <i>SUPPLEMENT REQUIRED</i>	_____	%
Recreational Vehicle (motorhome) Repair - <i>SUPPLEMENT REQUIRED</i>	_____	%
Tire Dealers - New	_____	%
Tire Dealers - Used Including Retreads or Split Rims	_____	%
Trailer Dealer or Repair	_____	%
Trailer Hitch Installation or Repair	_____	%
Upholstery	_____	%
Valet Parking - <i>SUPPLEMENT REQUIRED</i>	_____	%
Van Conversion Describe: _____	_____	%
Window Tinting	_____	%
Other: _____	_____	%
Total =		100 %

How are vehicles stored? Standard Lot Non-Standard Lot Unfenced Lot Building

Maximum value of any one Non-Owned Auto? _____

Maximum value of all Non-Owned Autos in Care, Custody or Control? _____

Average number of cars in Care, Custody or Control? _____

Number of Dealer's Tags? _____

Radius of Pickup & Delivery: 0-300 Miles 301-500 Miles 501-1000 Miles +1000 Miles

EMPLOYEE AND NON-EMPLOYEE INFORMATION

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR
ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

- STATUS:
- | | |
|---------------------------------------|--|
| 1. Active Owner, Partner or Officer | 7. Spouse of Owner, Partner or Officer |
| 2. Inactive Owner, Partner or Officer | 8. Children of Owner, Partner or Officer |
| 3. Salesperson | 9. Spouse of any other person furnished an auto |
| 4. Lot Person | 10. Children of any other person furnished an auto |
| 5. Mechanic | 11. Occasional or Contract Driver |
| 6. Clerical | 12. Other _____ |

HOURS WORKED: F = Full Time (Over 20 hours per week)
P = Part Time (20 or less hours per week)
N = Non-Employee

AUTO USE: A = Furnished a covered auto for personal use
B = Uses a covered auto strictly for business use
C = Does not drive a covered auto

ADDITIONAL INFORMATION

Garage Liability	Limit of Liability Auto _____ Each Accident Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit	Deductible _____ BI _____ PD	
Personal Injury Protection or No-Fault Coverage	_____ Per Statute		
Medical Payments	_____ Auto _____ Garage Operations		
Uninsured Motorists Coverage Underinsured Motorists Coverage	_____ Each Accident _____ Each Accident		
<input type="checkbox"/> Garagekeepers <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision	
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation	In-Tow Coverage _____ Limit Per Tow Truck _____ # of Tow Trucks		
<input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) <input type="checkbox"/> Fire Legal Liability Limit _____	<input type="checkbox"/> Hired Auto <input type="checkbox"/> Personal Injury Liability		
PRIOR CARRIER AND LOSS HISTORY List prior carrier and loss history for the current term and two years prior.			
Year	Carrier	Date of Loss	Description Including Driver & Amount Paid/Reserved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
If there is no prior insurance, check the box.			<input type="checkbox"/>

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERCLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Witness

Date

Applicant's Signature